

Form I

WELFARE DEPARTMENT
City OF Berlin, NH
SUSPENSION NOTICE AS PER RSA 165:1-B

NAME: _____

ADDRESS: _____ WELFARE OFFICIAL: _____

DATE: _____

Your application for General Assistance had been GRANTED and you were receiving: _____

Effective _____ your assistance is SUSPENDED and you are ineligible for assistance for _____ days and until all REQUIREMENTS are met.

The above decision is being made for the following reasons:

- / / Failure to disclose income, resources or other material financial data
- / / Failure to participate in work program and to comply with work program rules
- / / Failure to do a reasonable work search
- / / Failure to apply with other public assistance agencies

REQUIREMENTS: _____

-NOTICE-

You have the right to request a fair hearing within 5 days of receipt of this notice to review this decision. If you are receiving assistance, your assistance may be continued until the hearing, only if you request it.

FAIR HEARING

(Deliver this form to Welfare Office)

I/We _____ request a fair hearing to review the decision concerning my claim for General Assistance.

I / / want / / do not want my assistance continued until the hearing. I understand that if I lose the hearing, I will owe the amount of my assistance from _____ until the hearing decision.

Date: _____

Signed: _____